Cuandro de Ayuda Economica de Atencion Medica de Beebe

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| Descuento beneficio | | |  |  | Ingreso por tamano de familia | | |  |  |  |
| Porcentaje | |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |  |  |  |
| Elegible para Medicaid | | | $16,971 | $22,929 | $28,888 | $34,846 | $40,804 | $46,763 | $52,721 | $58,680 |
|  |  |  |  |  |  |  |  |  |  |  |
|  | 100.0% |  | 25,520 | 34,480 | 43,440 | 52,400 | 61,360 | 70,320 | 79,280 | 88,240 |
|  |  |  |  |  |  |  |  |  |  |  |
|  | 50.0% |  | 38,280 | 51,720 | 65,160 | 78,600 | 92,040 | 105,480 | 118,920 | 132,360 |
|  |  |  |  |  |  |  |  |  |  |  |
|  | 40.0% |  | 51,040 | 68,960 | 86,880 | 104,800 | 122,720 | 140,640 | 158,560 | 176,480 |
|  |  |  |  |  |  |  |  |  |  |  |
| Por ejemplo: | |  |  |  |  |  |  |  |  |  |
| Una familia de 4 con un ingreso annual de hasta $52,400 puede cumplir con los requisites para un descuento beneficio del 100%. | | | | | | | | | |  |